

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/556234 09 DEC 2006

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	2		2			
4	1		1			
5	/		/			
6	/		/			
7	/		/			
8	3		1			
9	3		1			
10	3		1			
11	3		1			
12	3		1			
13	1		1			
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TOTAL IND.	5	↓	5	↓		↓
TOTAL DEP.	10	←	10	←	←	←
TOTAL CLAIMS	15	[REDACTED]	15	[REDACTED]	[REDACTED]	[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↓		↓	↓
TOTAL DEP.		←		←	←	←
TOTAL CLAIMS						